

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : JUAN J GARCIA PADRO PA

Account Number : 120230000025 Phone : (787)599-3735 Fax Number : (407)627-1697

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address: My Jenny Angel LLC & gousil-com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MY JENNYANGEL LLC

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T. LEMIEUX

Help

JUL 1 2 2024

COVER LETTER

TO: Registration Se Division of Cor			
	🕯 ANGEL, LLC		9
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	JUAN J GARCIA		
		Name of Person	
	JUAN J GARCIA PADRO	O PA	
		Firm/Company	
	1650. ISAND LAKE ROA	AD STE 105	
		Address	
	ORLANDO FL 32809		
		City/State and Zip Code	
	JUAN@GARCIAPADRO.		
		to be used for future annual re	port notification)
For further information of	concerning this matter, please c	all:	
JUAN J GARCIA		787 599- at ()	3735
Name o	f Person		Daytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Add	ress;

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY JENNY ANGEL, LLC					
(Name of the Limi	ted Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L Florida document number L17000217982	iability Company	were filed on OCTOBER 20,2017		and assi	gned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	pility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or th	ne abbrevía	ation "L.L	C."
Enter new principal offices address, if applic	able:	1650 SAND LAKE ROAD STE 110	05		(i)
(Principal office address MUST BE A STREE	T ADDRESS)	ORLANDO FL 32809		262	
			-	; <u></u>	******
			-	(- 1
Enter new mailing address, if applicable:		1650 SAND LAKE ROAD STE 105	5		
(Mailing address MAY BE A POST OFFICE	BQX)	ORLANDO FL 32809	- <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> .	-0 -1	1 T T
			,	2:	Tear T
B. If amending the registered agent and/or r agent and/or the new registered office addres	egistered office a	address on our records, enter the n	ame of 1	the new	registered
Name of New Registered Agent:	JENNY MARR	RERO			
New Registered Office Address:	AKE ROAD STE 105				
		Enter Florida street address		 -	
	ORLANDO	, Florida	32809		
		Ciŋ·		Code	 :_

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	JENNY M MARRERO	1650 SAND LAKE ROAD STE 105	
		ORLANDO FL 32809	□Remove
		** CHANGE OF ADDRESS	⊟ Change
MGR	EDWIN MARRERO	1650 SAND LAKE ROAD STE 105	□Add
		ORLANDO FL 32809	□Remove
		*** CHANGE OF ADDRESS	☐ Change
			□Adḍ
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🖸 Remove
			Change
			□Add
			□Remove
			□ Change

### Active date, if other than the date of filing:			<u> </u>		
solver: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed.					
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Signature of a member or authorized representative of a member	record specifies a delayed effecti I is filed.	ve date, but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b) The 90th	n day after the
Signature of a member or authorized representative of a member	JULY 10	, 2024	•		
Signature of a member of authorized representative of a member	P Crenw	1 Hairero			
	1 ·	Digitalitie of a member of author	orized representative of a	nember	

Filing Fee: \$25.00